DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

- // Declaration submitted with initial filing
- /x/ Declaration submitted after initial filing (surcharge (37 CFR 1.16(e)required)

As a below named inventor, I hereby declare that:

- My residence, post office address, and citizenship are as stated below next to my name.
- I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DOUBLE MUTANTS OF DIHYDROFOLATE REDUCTASE AND METHODS OF USING SAME

the specification of which 11 is attached hereto or was filed on (MM/DD/YYYY) September 09, 1998 as United States Application /x/ Number 09/142,530 or PCT International Application Number _____ and was (if applicable). amended on (MM/DD/YYYY) ___ I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as 4. defined in 37 CFR 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Number Country Foreign Filing Date (MM/DD/YYYY) Priority Not Claimed Certified Copy Attached : ___ yes 6 I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below. Application Number 60/013,270 Filing Date (MM/DD/YYYY) March 12, 1996 : 7. I hereby claim the benefit under 35 U.S.C. 120 of any United States

application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number : PCT/US97/03873
Parent Filing Date (MM/DD/YYYY) : 12 March 1997

Parent Patent Number (if applicable)

POWER OF ATTORNEY

8. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Carl Oppedahl Registration No. 32,746
Marina T. Larson Registration No. 32,038
Nancy J. Parsons Registration No. 40,364

9. Direct all correspondence to:

Oppedahl & Larson, LLP P. O. Box 5270

Frisco, CO 80443-5270

Telephone: (970) 668-2050 Facsimile: (970) 668-2082

10: Customer Number Bar Code Label:

Customer Number:

021121

NAME OF SOLE OR FIRST INVENTOR

I hereby declare that all statements made herein of my own knowledge are true and 11. that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor. Given Name (first and middle [if any] Joseph R. BERTINO Family Name or Surname New York Residence: City NY State

Country US Citizenship

: c/o Office of Industrial Affairs; Post Office Address

Memorial Sloan-Kettering

Cancer Center

1275 York Ave. Avenue

New York NY 10021

US

Joseph RA Signature) (Inventor s

City

Zip

State

Country

ADDITIONAL INVENTORS

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any] Emine, A. Family Name or Surname ERCIKAN-ABALI

New York Residence: City

> NY Country บร Citizenship TR

: c/o Office of Industrial Affairs; Post Office Address

Memorial Sloan-Kettering

Cancer Center

1275 York Ave. Avenue

New York City : State : ИY Zip 10021

US Country

Emine A. Ercikan-Abali

Date

NAME OF SOLE OR FIRST INVENTOR

- 11. I hereby declare that all statements made herein of my own knowledge are true and that all statement made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.
- // A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any] : Joseph R. Family Name or Surname : BERTINO Residence: City : New York

State : NY
Country : US
Citizenship : US

Post Office Address : c/o Office of Industrial Affairs;

: Memorial Sloan-Kettering

Cancer Center

: 1275 York Ave. Avenue

 City
 : New York

 State
 : NY

 Zip
 : 10021

 Country
 : US

Joseph R Berting (Inventor s Signature)

late (V) l

Date

ADDITIONAL INVENTORS

Name of Additional Joint Inventor, if any:

// A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any] : Emine, A.

Family Name or Surname : ERCIKAN-ABALI

Residence: City : New York

State : NY
Country : US
Citizenship : TR

Post Office Address : c/o Office of Industrial Affairs;

: Memorial Sloan-Kettering

Cancer Center

: 1275 York Ave. Avenue

City : New York
State : NY
Zip : 10021

Country : US

Emine A. Ercikan-Abali

Emine A. Ercikan-Abali
(Inventor's Signature)

1/15/99

Date

Name of Additional Joint Inventor, if any: // A petition has been filed for this unsigned inventor. Given Name (first and middle [if any] Debabrata BANERJEE Family Name or Surname New York Residence: City NY State US Country IN Citizenship Post Office Address : c/o Office of Industrial Affairs; Memorial Sloan-Kettering Cancer Center 1275 York Ave. Avenue New York City State NY 10021 Zip_ US Country Debabrata Banerjee (Inventor's Signature) Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor. Given Name (first and middle [if any] Shin Family Name or Surname MINEISHI Residence: City New York State NY Country US JΡ Citizenship : c/o Office of Industrial Affairs; Post Office Address Memorial Sloan-Kettering

Cancer Center

1275 York Ave. Avenue

New York City NY State : 10021 Zip Country US

Shin Mineishi Date (Inventor's Signature)

Name of Additional Joint Inventor, if any:

// A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any] : Debabrata
Family Name or Surname : BANERJEE
Residence: City : New York

State : NY
Country : US
Citizenship : IN

Post Office Address : c/o Office of Industrial Affairs;

Memorial Sloan-Kettering

Cancer Center

: 1275 York Ave. Avenue

 City
 : New York

 State
 : NY

 Zip
 : 10021

 Country
 : US

Debabrata Banerjee

12/29/98

Date

(Inventor's Signature)

Name of Additional Joint Inventor, if any:

// A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any] : Shin

Family Name or Surname : MINEISHI Residence: City : New York

e: City : New Yor

State : NY

Country : US

Citizenship : JP

Post Office Address : c/o Office of Industrial Affairs;

: Memorial Sloan-Kettering

Cancer Center

: 1275 York Ave. Avenue

 City
 : New York

 State
 : NY

 Zip
 : 10021

: IIS

Shin Mineishi

(Inventor's Signature)

Date

Name of Additional Joint Inventor, if any:

// A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any]

Family Name or Surname

Residence: City

State Country Citizenship

Post Office Address

City

State Zip

Country

Michel Sadelain

(Inventor's Signature)

Michel

SADELAIN New York

NY

US

-US CANADA/FRANCE W.

: c/o Office of Industrial Affairs;

Memorial Sloan-Kettering

Cancer Center

1275 York Ave. Avenue

New York

NY

10021

US